

MAR 23 2009

FAX TRANSMISSION

DATE: March 23, 2009

PTO IDENTIFIER: Application Number 10/658,116
Patent Number

Inventor: Willis, et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

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Attorney Dkt. #: VALT-004-102

PAGES (Including Cover Sheet): 11

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Five-Month Extension of Time (1 page)
Fee Transmittal (1 page)
Amendment (6 pages)
Certificate of Transmission (1 page)

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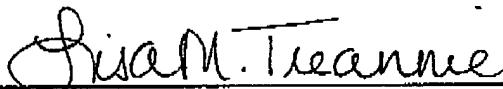
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Application No. (if known): 10/658,116

Attorney Docket No.: VALT-004-102

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<i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEES TRANSMITTAL		Application Number	10/658,116
For FY 2008		Filing Date	September 8, 2003
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Willis, John
TOTAL AMOUNT OF PAYMENT		Examiner Name	Stigell, T.
(\$ 1,580.00)		Art Unit	3763
		Attorney Docket No.	VALT-004-102

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 50-3655	Deposit Account Name: Morse, Barnes-Brown & Pendleton, P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity
50	25
210	105
370	185

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.						

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)

* 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	Request for Continued Examination	Fee (\$)
Other (e.g., late filing surcharge):	Five-Month Extension of Time	Fee (\$)

405.00

1175.00

SUBMITTED BY		Registration No.	Telephone
Signature	<i>Lisa M. Treannie</i>	41,368	781-622-5930
Name (Print/Type)	Lisa M. Treannie, Esq.	Date	March 23, 2009

(M0063798.1)